

I. EPA/STATE Hazardous Waste I.D.#  
W A D O O O 8 1 2 9 1 7  
II. Waste Designated By:  
☒ RCRA/State \_\_\_\_\_ SQ  
\_\_\_\_ State Only  
\_\_\_\_ Non-Regulated/Non-Handler/Protective Filing  
III. Exemption Status:  
\_\_\_\_ RCRA Exempt Recycler  
\_\_\_\_ State Exempt Recycler  
\_\_\_\_ Below QEL  
\_\_\_\_ Other \_\_\_\_\_  
IV. Handling  
\_\_\_\_ Emergency  
\_\_\_\_ Remedial Action  
\_\_\_\_ One-Time-Only  
\_\_\_\_ Other \_\_\_\_\_  
DEPARTMENT USE ONLY

FORM 2  
NOTIFICATION OF  
DANGEROUS WASTE  
ACTIVITIES

(send to) Attn: DW Notifications  
Washington State Department of Ecology  
M/S PV-11 Olympia, WA. 98504-8711  
(206) 459-6314/6305/6306

DATE IN TO DEPARTMENT

RECEIVED  
Init: 28 Date: 3/85 Region: N  
EPA: 28 Date: 3/85 Copy: \_\_\_\_\_  
Input: \_\_\_\_\_ Update: \_\_\_\_\_ Ack.: \_\_\_\_\_  
DEPARTMENT USE ONLY

1. ☐ A. FIRST NOTIFICATION  
☒ B. REVISED NOTIFICATION (enter current I.D.# in upper left)  
revisions effective: MO 3 / DAY 28 / YR 85  
☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)  
☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)  
☐ E. SITE CLOSED (We are no longer conducting business at this location and want our I.D. No. cancelled)

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER  
6 0 0 — 0 1 9 — 7 5 3  
2.B. SIC CODE(S)  
PRIMARY 2 9 1 1 SECONDARY OTHER

3. NAME OF COMPANY  
C H E M I C A L P R O C E S S O R S I N C P I E R 9 1

4. MAILING ADDRESS  
STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.  
5 5 0 1 A I R P O R T W A Y S O U T H  
CITY OR TOWN STATE ZIP CODE  
S E A T T L E W A 9 8 1 0 8 —

5. LOCATION OF WASTE ACTIVITIES (Installation)  
DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)  
P I E R 9 1  
CITY OR TOWN STATE ZIP CODE  
S E A T T L E W A 9 8 1 1 9 —

6. COUNTY WHERE THIS INSTALLATION IS LOCATED  
K I N G

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING  
(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))  
A. ☒ GENERATOR  
B. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)  
(1) ☐ We Transport Waste For Hire  
(2) Modes of Transport YOU Operate  
(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL  
(d) ☐ WATER (e) ☐ OTHER \_\_\_\_\_  
C. ☒ WASTE MANAGEMENT FACILITY (TSD) (refer to definitions in instructions)  
(1) ☒ TREATMENT  
(2) ☒ STORAGE  
(3) ☐ DISPOSAL  
(4) ☒ WE ACCEPT OFF-SITE WASTES  
D. ☐ UNDERGROUND INJECTION



8. CONTACT PERSON  
NAME (last), (first)  
S T E F A N I D E N N I S  
TITLE  
M G R R E G U L A T O R Y A F F S  
PHONE NO. (area code & number)  
2 0 6 — 7 6 7 — 0 3 5 0

9A. OWNERSHIP (Legal Owner(s) of this Company)  
S E E A T T A C H E D S H E E T  
9B. OWNERSHIP (Legal Owner(s) of site (Property) )  
P O R T O F S E A T T L E  
10. TYPE OF OWNERSHIP  
(enter letter code in box)  
P



A. NUMBER

B.

Description of Waste(s)

C. Dangerous Waste Number (refer to WAC 173-303)

D. Estimated or Actual Annual Waste Quantity

WEIGHT CODE

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch.

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

The wastes generated may not be hazardous wastes. A fish bioassay has not been run yet; however the waste has passed the other state and federal tests.


## 14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM                      B. ☐ PART A PERMIT FORM FOR TSD FACILITIES  
C. ☐ BIOLOGICAL TEST PROCED.            D. ☐ GENERATOR ANNUAL REPORT FORM  
E. ☐ CHEMICAL TEST PROCED.            F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT  
G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)  
H. ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)  
I. ☐ OTHER (specify) \_\_\_\_\_

## 15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: 	OFFICIAL TITLE (Print)	DATE SIGNED:
PRINTED NAME: RONALD S. WEST	PRESIDENT	3/22/85

photocopy this page before completing if you have more than 26 wastes to list.

D. NUMBER (enter from page 1)

D 0 0 0 8 1 2 9 1 7

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	K 0 4 9	2000	T	S 0 2 T 0 1	
2	K 0 5 0	500	T	S 0 2 T 0 1	
3	K 0 5 1	500	T	S 0 2 T 0 1	
4	K 0 5 2	500	T	S 0 2 T 0 1	
5	D 0 0 1	500	T	S 0 2 T 0 1	
6	D 0 0 2	2000	T	S 0 2 T 0 1	
7	D 0 0 3	500	T	S 0 2 T 0 1	
8	D 0 0 4	500	T	S 0 2 T 0 1	
9	D 0 0 5	500	T	S 0 2 T 0 1	
10	D 0 0 6	500	T	S 0 2 T 0 1	
11	D 0 0 7	15000	T	S 0 2 T 0 1	
12	D 0 0 8	500	T	S 0 2 T 0 1	
13	D 0 0 9	500	T	S 0 2 T 0 1	
14	D 0 1 0	500	T	S 0 2 T 0 1	
15	D 0 1 1	500	T	S 0 2 T 0 1	
16	F 0 0 1	500	T	S 0 2 T 0 1	
17	F 0 0 2	500	T	S 0 2 T 0 1	
18	F 0 0 3	500	T	S 0 2 T 0 1	
19					
20					
21					
22					
23					
24					
25					
26					

WAD000812917

FORM 2

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

9A. OWNERSHIP OF COMPANY

1. Ronald West
2. Michael Mattingly
3. Gary Bermensolo
4. Michael Keller